

HR-5/STAFFING EMPLOYEE EVALUATION

Staffing Alternatives Team (SAT)
667-2299

IN CONFIDENCE

Employee Name	Assignment Period (Dates) To	Client	Organization
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Your feedback is important in recognizing employees' strengths and identifying developmental needs. Complete and return to Mail Stop P219. Use reverse side for any additional comments.

Performance Factors	Exceptional Performance	Fully Satisfactory Performance	Performance Needs Improvement	Unsatisfactory Performance
Communication Skills A. Written - Word Processing Formats B. Oral - Interactions, Telephone Skills	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills/Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity/Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills/Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ES&H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe The Work Duties For This Assignment		
Describe Special Projects/Accomplishments		
Describe Strengths This Person Displayed In This Assignment		
Note Any Training Needs		
Explain Any Performance Deficiencies Noted		
Would you request this person again? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain)		
Client Signature	Title	Date